



## Water Resources Program

### Request for Determination of Water Budget Neutrality

☐ SURFACE WATER ☒ GROUND WATER

Please ensure that the form is completely filled out.

Incomplete forms will lead to longer processing times, and may be rejected.

#### Section 1. APPLICANT

Applicant/Business Name: Arthur Eshe	Phone No: (206) 714-7703	Other No:
Address: 321 Range View Road		
City: Cle Elum	State: WA	Zip: 98926
Email Address (optional): AWEESHE@MSN.COM		

Contact Name (if different from above): Jill Van Hulle	Phone No: (360) 413-1510	Other No:
Relationship to Applicant: Consultant		
Address: 312 4 <sup>th</sup> Avenue East		
City: Olympia	State: WA	Zip: 98501
Email Address (optional): Jill@pgwg.com		

#### Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Single domestic supply and irrigation of 500 square feet, 7 lots will be supplied by this well, with each owner acquiring individual mitigation

Anticipated length of time to complete your project: N/A home to be constructed in future

Is this for an existing use, established prior to July 16, 2009? Yes ☒ No

If yes, when was the water first regularly and beneficially used? \_\_\_\_\_

For Ecology Use	APPLICATION NO: <u>6435576</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>✓</u> Check No: <u>✓</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>07-24-2012</u> By <u>✓</u> WRIA: <u>39 Kitt</u>



**Water Use:** List all proposed uses and the quantity required for each. (For example: domestic, group domestic, lawn or commercial garden, municipal water supply, stock watering or industrial.)

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Total Water Use* in Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Single Domestic Supply	7.14	0.392	Year-round
Irrigation of 500 sq-ft	Same	0.022	Seasonal
<b>TOTAL:</b>	<b>50 (total for all 7 lots to be supplied by well)  7.14 gpm per lot</b>	<b>0.414</b>	
*Total water use is the total quantity = 325,851 gallons).			

### Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Existing well diameter & depth: <u>6-inches to 70 feet</u> If available, attach Water Well Report and pump test. Well Tag ID No. <u>AKW 634</u> Number of proposed points of withdrawal: <u>1</u>

### C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
<b>953673</b>	NW	NE	19	20	14E	Kittitas
Lot(s)	Block(s)		Subdivision			
8B						

If available, GPS (Global Positioning System) device location:

Latitude: \_\_\_\_\_ N Longitude: \_\_\_\_\_ W

Datum and units (for example NAD83 and decimal degrees, etc): \_\_\_\_\_ (required for all GPS locations)

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐ \_\_\_\_\_) corner of Section \_\_\_\_\_.



NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper. A map identifying the well location within the parcel is required for all existing wells proposed for use under this request (see below).

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map. Please ensure that the well location and parcel number listed in Section 3 matches the well location on the site map and on the well log. If there are any differences please provide an explanation on a separate sheet of paper. Unclear well locations may cause delays in processing the request.

#### Section 4. WATER SYSTEM INFORMATION

Complete A or B, C, D, E and F below

##### A.) Domestic Water Systems only

Projected number of connections to be served:  
1

Type of connections; home  
(e.g., home, recreational cabin)

##### B.) Municipal Water Systems only (defined under RCW 90.03.015)

Present population to be served water:

Estimate future population to be served:  
(20 year projection)

##### C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☒ YES ☐ NO

If yes, date plan was approved \_\_\_\_/\_\_\_\_/\_\_\_\_ Water System Number: AB764

Name of water system: Toby Johnson Water System

Are you within the service area of an existing water system? ☒ YES ☐ NO

If yes, explain why you are unable to connect to the system: Home is served by Group B system

##### D.) On-Site Septic

Will there be an on-site septic system? ☒ YES ☐ NO

If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic drain field. **Septic to be constructed, Covenant will be filed upon completion of Ecology's determination.**

##### E.) Sanitary Sewer System

Will domestic wastewater be discharged to a sanitary sewer system? ☐ YES ☒ NO

If yes, please provide a copy of the sewer utility agreement that serves the proposed project.

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## F.) Irrigation

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ Acres or 500 square feet

NOTE: Outline the area to be irrigated on your attached map.

(1 acre = 43,560 square feet)

## Section 5. MITIGATION

To request a determination of Water Budget Neutrality under Chapter 173-539A WAC, the applicant must identify an existing trust water right or pending application to place a water right in trust. The trust water right(s) must:

- Contribute an equal or greater amount to Yakima River flow during the irrigation season, as measured at Parker.
- Have a priority date earlier than May 10, 1905.
- Be eligible to be used for instream flow protection and mitigation of out-of-priority uses.

### A) Existing Trust Water Right

Please identify existing trust water right(s) for use as mitigation.

Water Right No.	Rate (check one box only) <input checked="" type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
A portion of Court Claim 1676 and 2222 within sub-basin No 5, (CS4-01676sb5d@3)	0.224	16.55 (consumptive use)	June 30, 1900
TOTAL:		16.55	

### B) Proposed Trust Water Right Application

Please identify the pending application(s) to place a water right(s) into trust for use as mitigation.

Water Right No.	Rate (check one box only) <input checked="" type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
TOTAL:			

### C) Quantity of Trust Water Right(s) listed in Section 5 (A) and (B) Acquired for Mitigation

Please list the specific quantity in AFY of Trust Water Right(s) listed in Sections 5(A & B) that have been acquired to offset consumptive use associated with this proposed new use of groundwater: 0.138 AFY

Note: You may wish to refer to the online water use calculator for example consumptive use calculations: <http://www.ecy.wa.gov/programs/wr/cro/wtrxchng.html>

Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

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## Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

LOT 8B of OLD CEDARS SHORT PLAT 07-24; SEC 19, TWP 20, RGE 14 E.W.M.

¼	¼	Section	Twp.	Range	County	Parcel No.
NW	NE	19	20	14E	Kittitas	953673

## Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsibility for the accuracy of the information provided.

X Arthur W. Eshe  
Print Name  
(Applicant or authorized representative)

Arthur W. Eshe  
Signature

July 22, 2012  
Date

X Arthur W. Eshe  
Print Name  
(Land Owner, if seeking to use the ground water exemption)

Arthur W. Eshe  
Signature

July 22, 2012  
Date

Submit this form to:

DEPARTMENT OF ECOLOGY  
WATER RESOURCES PROGRAM  
CENTRAL REGIONAL OFFICE  
15 W. YAKIMA AVE, SUITE 200  
YAKIMA, WA 98902-3452